



Town of Highland Beach

Building Department • 3616 South Ocean Blvd., Highland Beach, Florida 33487
Website: www.highlandbeach.us • Phone: 561-278-4540 • Fax: 561-278-2606

___ New ___ Renew

NAME OF BUSINESS: _____

OFFICE ADDRESS: _____ CITY/STATE/ZIP CODE: _____

OFFICE TELEPHONE NO.: _____ CELL NO.: _____

FAX NO.: _____ EMAIL ADDRESS: _____

QUALIFIER INFORMATION:

NAME OF QUALIFIER: _____

OFFICE ADDRESS: _____ CITY/STATE/ZIP CODE: _____

OFFICE TELEPHONE NO.: _____ CELL NO.: _____

FAX NO.: _____ EMAIL ADDRESS: _____

PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:

___ State License (F.S. 489.115) or Palm Beach County Certificate of Competency and State Registration

___ County Business Tax Receipt

___ Liability and Worker's Compensation Certificates of Insurance made out to the Town of Highland Beach

___ Worker's Compensation Exemption, if applicable

___ Qualifiers must produce a legible Government Issued Identification with picture

I hereby acknowledge and certify that the information contained herein is true and accurate to the best of my knowledge.

Qualifier Signature

Date

Qualifier Print Name Legibly

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20___, by

_____.

Signature of Notary Public – State of Florida

Print, Type, or Stamp Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced: _____